

Drinkaware’s research on alcohol use and harm in LGBTQ+ communities

For more information, please contact Dr Emma Catterall, Head of Research, at research@drinkaware.co.uk. We are happy to provide our full dataset for additional analysis.

Alcohol is a leading cause of preventable death and disability in the UK,¹ but its harms are not experienced equally. Drinkaware has published two reports focusing on LGBTQ+ communities. The first is a [systematic review](#) of UK evidence on harmful drinking, exploring prevalence, causes, and impacts. The second draws on a large-scale survey² to compare alcohol use and harm between LGBTQ+ (n=3,089) and cis-heterosexual adults (n=5,420) and explores differences within LGBTQ+ subgroups to highlight disparities and inform tailored support. Key findings from the latter are summarised below.

Key findings include:

The ‘LGBTQ+’ umbrella masks significant variation.

Gay and bi/pansexual men are the riskiest drinkers among LGBTQ+ adults (in terms of drinking frequency, weekly units consumed, and AUDIT-C risk), but they are not significantly different from non-LGBTQ+ men (on most measures of alcohol use). However, a significant disparity exists between LGBTQ+ and non-LGBTQ+ women, which is driven almost entirely by bi/pansexual women.

Bi/pansexual women are more likely to binge drink, report symptoms associated with alcohol dependence, and experience negative consequences and impacts from their own and others’ drinking. Lesbian women and gender minorities (those who identify as transgender or non-binary), are among the least risky drinkers. Gender minorities are less likely to engage in binge drinking and less likely to exceed the CMOs’ low risk drinking guidelines.³

Whilst LGBTQ+ and non-LGBTQ+ adults tend to drink about the same amount of alcohol in terms of how often (47% vs 50% drink weekly, respectively) and how much overall (e.g., 23% vs 22% exceed the CMOs’ guidelines, respectively), key differences come in the pattern and adverse consequences of drinking.

LGBTQ+ drinkers are more likely than non-LGBTQ+ adults to ever binge-drink (70% vs. 62%, respectively). This difference comes from a greater propensity among LGBTQ+ adults to having more occasional binge drinking sessions, around once a month or less often, in addition to their typical drinking.

LGBTQ+ adults are more likely to be ‘increasing’ or ‘high risk’ drinkers on the AUDIT⁴ (38% vs. 30%, respectively), as they are more likely to cite experiencing symptoms of alcohol dependence and adverse consequences of drinking (**Figure 1**). Whilst bi/pansexual women are the most likely to binge drink (76%), lesbian women are the least likely (67%).

¹ In 2023, there were 10,473 alcohol-specific deaths, the highest number on record. ONS (2025) [Alcohol-specific deaths](#), 2023.

² Available to view [here](#). 60% of respondents identified as gay (n=940) or lesbian (n=918) and a quarter (24%) identified as bisexual (n=748). The remaining 15% identified as either pansexual (n=116), queer (n=116), asexual (n=116), unsure (n=14), heterosexual (n=14), or another way (n=56). 3.9% (n=119) were non-binary (i.e., identified as having a gender that was neither exclusively that of a man nor a woman), and 3.9% were transgender (or trans) (n=122). Of these, 2.0% were trans women (i.e., they had transitioned from man to woman at some point in their life) and 1.9% were trans men (i.e., they had transitioned from woman to man).

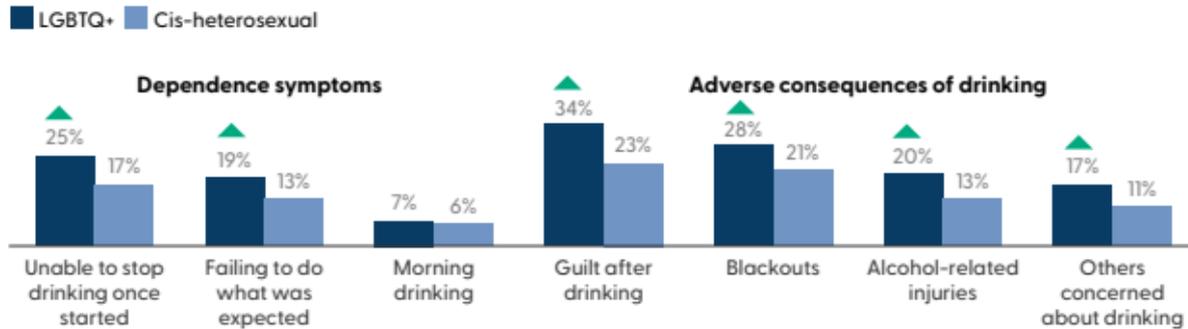
³ Drinkaware [CMOs’ Low Risk Drinking Guidelines](#)

⁴ The Alcohol Use Disorders Identification Test (AUDIT) is a screening tool developed by the World Health Organization to identify hazardous or harmful alcohol use. The AUDIT-C is a shortened version.

Figure 1

LGBTQ+ drinkers are more likely to report dependence symptoms and adverse consequences of drinking than cis-heterosexual drinkers

% 'Ever' in the last 12 months



Question: AUDIT questions 4-10. Base: All LGBTQ+ people who drink alcohol (n=2,676); All cis-heterosexual people who drink alcohol (n=4,708).

LGBTQ+ individuals are disproportionately affected by alcohol-related harm⁵ caused by other people's drinking.

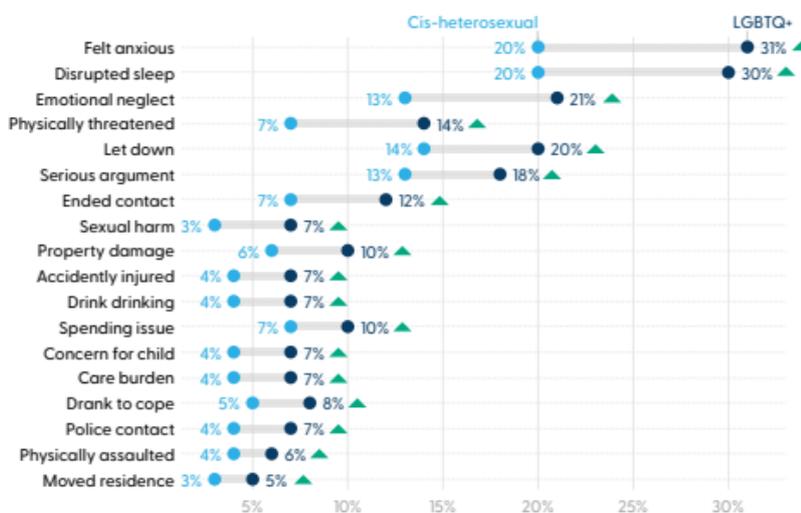
More than half (54%) of LGBTQ+ adults reported experiencing at least one negative impact from someone else's drinking, compared to just 40% of non-LGBTQ+ adults. LGBTQ+ women are particularly likely to experience these negative impacts, being significantly more likely to experience any harm (59%), compared to all their counterparts.⁶

LGBTQ+ adults are more likely than non-LGBTQ+ adults to have experienced each listed harm in the past 12 months (Figure 2).

Figure 2

LGBTQ+ adults are significantly more likely to experience every negative impact from someone else's drinking

'Ever' in the past 12 months



Question: Because of someone else's drinking, how often in the last 12 months have you ever... [predefined list of 18 impacts]? Base: All LGBTQ+ people (n=3,089); All cis-heterosexual people (n=5,420).

⁵ Negative experiences can include but are not limited to feeling anxiousness, emotional neglect, physically threatened, sexual harm etc.

⁶ LGBTQ+ men = 50%; cis-heterosexual men = 39%; and cis-heterosexual women = 40%

Poor mental health and addictive behaviours are more common in LGBTQ+ adults, and we see a correlation between these behaviours and risky drinking.

LGBTQ+ adults face higher rates of depression (33% vs. 20%, respectively), anxiety (37% vs. 20%, respectively), and overall life dissatisfaction (18% vs. 12%, respectively) when compared to non-LGBTQ+ adults.

Better awareness of the health consequences of drinking among LGBTQ+ adults may explain their willingness to seek support. However, the support services LGBTQ+ higher-risk drinkers would reach out to are different to those of non-LGBTQ+ higher-risk drinkers.

LGBTQ+ adults are twice as likely to seek help or support (6%) about alcohol for themselves compared to non-LGBTQ+ adults (3%). However, just 63% LGBTQ+ adults find the service or support 'supportive' compared to 82% of non-LGBTQ+ adults. LGBTQ+ higher-risk drinkers would be less inclined to approach a General Practitioner (42% vs. 51%, respectively) or other mainstream health professional than non-LGBTQ+ adults (42% vs. 54%, respectively); instead being most likely to seek support from alternative support options, such as an app or digital service (45%) or from an alcohol charity or organisation (44%).

Analysis within LGBTQ+ subgroups identifies particularly at-risk groups.

LGBTQ+ adults from ethnic minority backgrounds exhibit lower confidence levels in knowing how to find help or advice for alcohol-related problems (58%) compared to LGBTQ+ adults from white backgrounds (67%). Yet, those from ethnic minority backgrounds seek help (for themselves and others) for alcohol problems at a higher rate (17%) than LGBTQ+ adults from white backgrounds (11%).

LGBTQ+ adults living with a disability experience higher negative impacts from someone else's drinking (58%) compared to non-LGBTQ+ adults living with a disability (44%). LGBTQ+ adults living in the most deprived areas are more likely to experience harm from someone else's drinking compared to LGBTQ+ adults living in the least deprived areas (59% vs 50%, respectively), as well as non-LGBTQ+ adults living in either the most (44%) and least deprived areas (37%).

Appropriateness of rainbow marketing on alcohol products during Pride month.

Almost half (45%) of LGBTQ+ adults viewed the rainbow/Pride flag as inappropriate when used as part of alcohol branding or promotion. LGBTQ+ adults who identify as transgender or non-binary express stronger disapproval (72% and 59%, respectively) of use of the rainbow/Pride flag to market alcohol products compared to non-LGBTQ+ adults (43%).

This is derived from a significant degree of scepticism about motives (i.e., the practice was viewed as a performative gesture, and/or purely a marketing tactic to sell more alcohol to LGBTQ+ people). Instead, there was desire for more authentic and concrete support and allyship from brands year-round, such as supporting LGBTQ+ charities, and implementing inclusive workplace policies, alongside these more symbolic gestures.

Our research underscores the importance of recognising and addressing the specific needs and challenges faced by gender and sexual minorities in relation to alcohol use. It highlights the necessity for targeted interventions, inclusive support services, and genuine allyship from both public health and corporate organisations.